



**APPLICATION FOR LICENSE TO SELL CIGARETTES,  
CIGARETTE PAPERS, SNUFF, CIGARS OR TOBACCO  
IN NORTH DAKOTA**

OFFICE OF ATTORNEY GENERAL  
LICENSING SECTION  
SFN 16687 (Rev. 08-2003)

**STATE USE ONLY**

License Number:

The undersigned makes application for a license to sell cigarettes, cigarette papers, snuff, cigars, or tobacco.

1) Name of Applicant: (If corp., LLC, etc., list)

2) Name of Business:

3) Business Address: (Where tobacco products will be sold)	City:	State:	Zip Code:	County:
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4) Mailing Address: (if different than above)	City:	State:	Zip Code:	County:
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5) Business Telephone Number:

6) Home Telephone Number:

7) Kind of Business:

8) Date you intend to begin selling tobacco products:

9) Are you succeeding another in this business at the same location?      Yes      No

If Yes, give name of predecessor:

Signature of Applicant:

Date:

Print name of applicant:

Official Position:

**FEES: Retail - \$15.00**

**Wholesale - \$25.00**

**VENDORS LIST NAME OF BUSINESS AND ADDRESS  
WHERE MACHINES WILL BE LOCATED  
ON THE REVERSE SIDE OF THIS APPLICATION**

**RETURN TO:** Office of Attorney General  
Licensing Section  
600 E Boulevard Ave Dept. 125  
Bismarck, ND 58505-0040  
Telephone: 701-328-2329

